

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Jane Dittmar

ADDRESS (number and street)  
▼

P.O. Box 974

Check if different  
than previously  
reported. (ACC)

Charlottesville

VA

22902

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00585976

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

VA

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2015

through

M M / D D / Y Y Y Y  
12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Jennifer J Brown

Signature of Treasurer

Ms. Jennifer J Brown

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
01 / 31 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**Friends of Jane Dittmar**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	75951.73	153611.73
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	75951.73	153611.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	47556.82	58520.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	47556.82	58520.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	94776.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	9901.37	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Jane Dittmar

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

60675.00

134625.00

(ii) Unitemized.....

11855.00

12865.00

(iii) TOTAL of contributions from individuals ▶

72530.00

147490.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

3421.73

3421.73

**(d) The Candidate.....**

0.00

2700.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

75951.73

153611.73

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

6.29

6.29

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

75958.02

153618.02

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47556.82	58520.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	321.73	321.73
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	47878.55	58842.02

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	66696.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	75958.02
25. SUBTOTAL (add Line 23 and Line 24).....	142654.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47878.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	94776.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph M Raichel**

Mailing Address 1820 River Inn Ln

City State Zip Code  
 Charlottesville VA 22901-6217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Wells Fargo senior vice president

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		03		2015

Transaction ID : VR0EWCG9KZ7

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Hillary Horn**

Mailing Address 4041 Red Hill Rd

City State Zip Code  
 Charlottesville VA 22903-7924

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 self restaurant consultant

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

Transaction ID : VR0EWEC9E49

Amount of Each Receipt this Period

1000.00
---------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Bertie D. Heiner**

Mailing Address 601 Old Ballard Rd

City State Zip Code  
 Charlottesville VA 22901-9452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self Licensed Professional Counselor

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		11		2015

Transaction ID : VR0EWEC9E81

Amount of Each Receipt this Period

2700.00
---------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4200.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Sandra Thomas**

Mailing Address 1618 Keith Valley Rd

City

Charlottesville

State

VA

Zip Code

22901-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
CPA

Receipt For: 2016

☐ Primary

☐ General

☒ Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2015

Transaction ID : VR0EWEC9CZ7

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**William Edgerton**

Mailing Address 939 Barracks Farm Rd

City

Charlottesville

State

VA

Zip Code

22901-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Oak Hill Fund

Occupation

Architect

Receipt For: 2016

☐ Primary

☐ General

☒ Other (specify)

Convention

Election Cycle-to-Date

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2015

Transaction ID : VR0EWEC9D38

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Allison P. Weinstein**

Mailing Address 640 Walsing Dr

City

Richmond

State

VA

Zip Code

23229-8133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weinstein Properties

Occupation

real estate owner/manager

Receipt For: 2016

☐ Primary

☐ General

☒ Other (specify)

Convention

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2015

Transaction ID : VR0EWEC9CP6

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Allison P. Weinstein**

Mailing Address 640 Walsing Dr

City State Zip Code  
Richmond VA 23229-8133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Weinstein Properties real estate owner/manager

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt

M M / D D / Y Y Y Y  
10 19 2015

Transaction ID : VR0EWEC9CQ4

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**John K Brown**

Mailing Address 1505 Dairy Rd

City State Zip Code  
Charlottesville VA 22903-1303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Virginia professor emeritus

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 21 2015

Transaction ID : VR0EWEC9CR2

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Pamela Fitzgerald**

Mailing Address 8100 Batesville Rd

City State Zip Code  
Afton VA 22920-1723

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Ivy Group, Ltd. Marketing Consultant

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 26 2015

Transaction ID : VR0EWE94NJ3

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Rachel Unkefer**

Mailing Address 3105 Edgewater Dr

City State Zip Code  
 Charlottesville VA 22911-7579

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 retired retired

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : VR0EWEC9DP9

Amount of Each Receipt this Period

750.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lynne D Conboy**

Mailing Address 300 Parsons Dr  
 Apt 310

City State Zip Code  
 Charlottesville VA 22901-3223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Not Employed Not Employed

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : VR0EWEC9DF3

Amount of Each Receipt this Period

2000.00
---------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Kevin J. Lynch**

Mailing Address 609 Locust Ave

City State Zip Code  
 Charlottesville VA 22902-4812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 self engineer

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : VR0EWEC9D88

Amount of Each Receipt this Period

250.00
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☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00
---------



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Blair K Williamson**

Mailing Address 1230 River Rd  
 PO Box 648

City	State	Zip Code
Charlottesville	VA	22901-4101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 S. L. Williamson Co., Inc.

Occupation  
 Road Construction

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

2750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

Transaction ID : VR0EWED1XP3

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Blair K Williamson**

Mailing Address 1230 River Rd  
 PO Box 648

City	State	Zip Code
Charlottesville	VA	22901-4101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 S. L. Williamson Co., Inc.

Occupation  
 Road Construction

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

Transaction ID : VR0EWED1XQ1

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Susan King Payne**

Mailing Address 912 Marsh Ln

City	State	Zip Code
Charlottesville	VA	22903-4668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Payne Ross & Assoc

Occupation  
 Partner

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

Transaction ID : VR0EWED1XS6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 59  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Christopher M Kramer</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>11 / 07 / 2015</div> </div>
Mailing Address 1650 Garth Gate Ln		<b>Transaction ID : VR0EWED8GV0</b>  Amount of Each Receipt this Period <div> <div>1000.00</div> </div> <input type="checkbox"/> Memo Item
City Charlottesville	State VA	
Zip Code 22901-5457		
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>		
Name of Employer University of Virginia Health System	Occupation Physician	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date <div> <div>1000.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>B. Sandra L. Spear</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>11 / 09 / 2015</div> </div>
Mailing Address 6033 6th St N		<b>Transaction ID : VR0EWEDTEA3</b>  Amount of Each Receipt this Period <div> <div>250.00</div> </div> <input type="checkbox"/> Memo Item
City Arlington	State VA	
Zip Code 22203-1016		
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>		
Name of Employer not employed	Occupation not employed	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date <div> <div>250.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>C. Katherine S. Brooks</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>11 / 10 / 2015</div> </div>
Mailing Address 980 Turner Mountain Rd		<b>Transaction ID : VR0EWED8H17</b>  Amount of Each Receipt this Period <div> <div>250.00</div> </div> <input type="checkbox"/> Memo Item
City Charlottesville	State VA	
Zip Code 22903-7013		
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>		
Name of Employer n/a	Occupation Homemaker	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date <div> <div>250.00</div> </div>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<div> <div>1500.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only).....	<div> <div></div> </div>

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 59

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Cynthia K. Davis**

Mailing Address 5363 Bellair Farm

City State Zip Code  
Charlottesville VA 22902-7857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
1075.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : VR0EWEEJPD3

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia K. Davis**

Mailing Address 5363 Bellair Farm

City State Zip Code  
Charlottesville VA 22902-7857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
1075.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : VR0EWEEJPE1

Amount of Each Receipt this Period

75.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**David Alan Martin**

Mailing Address 3345 Rosedell Ln

City State Zip Code  
Charlottesville VA 22903-9358

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Virginia School of Law law professor

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : VR0EWEDTEP8

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1225.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Henry D. McHenry Jr.**

Mailing Address 3337 Garth Rd

City State Zip Code  
 Charlottesville VA 22901-5202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Albemarle County, VA teacher

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2015

Transaction ID : VR0EWEDTEG0

Amount of Each Receipt this Period

150.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Charles D. Fox IV**

Mailing Address 506 Wellington Pl

City State Zip Code  
 Charlottesville VA 22903-4747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 McGuireWoods LLP Lawyer

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

Transaction ID : VR0EWED8H33

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dean M. Johnson**

Mailing Address 508 Rookwood Pl

City State Zip Code  
 Charlottesville VA 22903-4734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 not employed not employed

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2015

Transaction ID : VR0EWEEKYH0

Amount of Each Receipt this Period

1000.00
---------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1650.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**George E Loper**

Mailing Address 1822 Yorktown Dr

City

Charlottesville

State

VA

Zip Code

22901-3037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2015

Transaction ID : VR0EWED8H25

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Karen M. Moran**

Mailing Address 390 Broad Axe Rd

City

Charlottesville

State

VA

Zip Code

22903-7400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Attorney

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2015

Transaction ID : VR0EWEKX60

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Catherine Anne Kellett**

Mailing Address 604 Locust Ave

City

Charlottesville

State

VA

Zip Code

22902-4813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Big Brothers Big Sisters of the Centra

Occupation

Development Director

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : VR0EWED8HT3

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 59

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Richard F. Riley Jr.**

Mailing Address 2630 Thrush Rd

City State Zip Code  
Charlottesville VA 22901-8814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Foley & Lardner LLP Attorney

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

Transaction ID : VR0EWEKYM4

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Richard C. Schragger**

Mailing Address 1889 Westview Rd

City State Zip Code  
Charlottesville VA 22903-1632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Virginia law professor

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2015

Transaction ID : VR0EWEKYT1

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Rachel A. Harmon**

Mailing Address 1852 Westview Rd

City State Zip Code  
Charlottesville VA 22903-1649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Virginia Law Professor

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2015

Transaction ID : VR0EWEKZ90

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Jennefer Hirshberg**

Mailing Address 3939 McKinley St NW

City Washington	State DC	Zip Code 20015-2924
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer not employed	Occupation not employed
----------------------------------	----------------------------

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 250.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 13 / 2015

Transaction ID : VR0EWEKZF7

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**James Andrews**

Mailing Address 7227 Yellow Creek Dr

City Poland	State OH	Zip Code 44514-2648
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Youngstown State University	Occupation University faculty
-------------------------------------------------	----------------------------------

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 14 / 2015

Transaction ID : VR0EWEEM1N8

Amount of Each Receipt this Period

1000.00
---------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dawn Heneberry**

Mailing Address 2317 Glenn Ct

City Charlottesville	State VA	Zip Code 22901-2912
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SunTrust	Occupation Banker
------------------------------	----------------------

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 250.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 14 / 2015

Transaction ID : VR0EWED8HV1

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Frank & Rita Squillace**

Mailing Address 4019 SE 20th Pl  
 Apt 502

City State Zip Code  
 Cape Coral FL 33904-8034

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Arbitration Services

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2015

Transaction ID : VR0EWED8HP1

Amount of Each Receipt this Period

300.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kristen L Suokko**

Mailing Address 502 2nd St NE

City State Zip Code  
 Charlottesville VA 22902-4639

FEC ID number of contributing federal political committee. **C**

Name of Employer Local Food Hub Occupation Nonprofit executive

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2015

Transaction ID : VR0EWEEM1X1

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Louise M. Dudley**

Mailing Address 250 Pantops Mountain Rd  
 # C293

City State Zip Code  
 Charlottesville VA 22911-8686

FEC ID number of contributing federal political committee. **C**

Name of Employer not employed Occupation not employed

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

Transaction ID : VR0EWEEM3X5

Amount of Each Receipt this Period

150.00
--------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

950.00
--------



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Henry D. McHenry Jr.**

Mailing Address 3337 Garth Rd

City

Charlottesville

State

VA

Zip Code

22901-5202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albemarle County, VAOccupation  
teacher

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : VR0EWED8HD2

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Michael L. McKee**

Mailing Address 2230 Rocky Run

City

Charlottesville

State

VA

Zip Code

22901-9560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Ridge Area Food BankOccupation  
CEO

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : VR0EWEEM409

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Jane Ashley Skinner**

Mailing Address 1314 Rugby Rd

City

Charlottesville

State

VA

Zip Code

22903-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employedOccupation  
Homemaker

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : VR0EWED8HQ9

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Jean B. Baum**

Mailing Address 5281 Sugar Ridge Rd

City Crozet State VA Zip Code 22932-2201

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

Transaction ID : VR0EWEDP657

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dan C. DeSimone**

Mailing Address 4700 Connecticut Ave NW  
Apt 610

City Washington State DC Zip Code 20008-5613

FEC ID number of contributing federal political committee. **C**

Name of Employer State of Connecticut Occupation government relations

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

Transaction ID : VR0EWEDP672

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Helen I. Dooley**

Mailing Address 4700 Connecticut Ave NW  
Apt 610

City Washington State DC Zip Code 20008-5613

FEC ID number of contributing federal political committee. **C**

Name of Employer Tandem Sport & Entertainment Occupation Senior Vice President

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2015

Transaction ID : VR0EWEDP6G4

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**Full Name (Last, First, Middle Initial)  
**William C. Love Jr.**Mailing Address 2659 Hydraulic Rd  
Apt D

City	State	Zip Code
Charlottesville	VA	22901-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : VR0EWEDPC00

Amount of Each Receipt this Period

250.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
**James W. Newman, Jr. Jr.**

Mailing Address 2805 Barracks Rd

City	State	Zip Code
Charlottesville	VA	22901-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : VR0EWEDPDE1

Amount of Each Receipt this Period

250.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
**Richard F. Randolph**

Mailing Address 3191 Darby Rd

City	State	Zip Code
Keswick	VA	22947-2730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albemarle CountyOccupation  
Planning Commissioner

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : VR0EWEDRDY3

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**D. Ellen Shuman**

Mailing Address 60 Lincoln St

City

New Haven

State

CT

Zip Code

06511-3806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
investment manager

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : VR0EWEDRE40

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Sue Hess**

Mailing Address 900 Rosser Ln

City

Charlottesville

State

VA

Zip Code

22903-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mental Health America

Occupation

Mental Health

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : VR0EWEEJ6E8

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Kathleen M Ladika**

Mailing Address 312 Sunset Dr

City

Stanardsville

State

VA

Zip Code

22973-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : VR0EWEEJ993

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**A. Duane Zobrist**

Mailing Address PO Box 669

City

Crozet

State

VA

Zip Code

22932-0669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Zobrist Law Group

Occupation

Attorney

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : VR0EWEEJ5Q6

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Linda Seaman**

Mailing Address 1606 Sawgrass Ct

City

Charlottesville

State

VA

Zip Code

22901-3237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

not employed

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2015

Transaction ID : VR0EWEEJ5Z9

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert J. Kroner**

Mailing Address 703 Elliott Ave

City

Charlottesville

State

VA

Zip Code

22902-6133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scott &amp; Kroner

Occupation

Attorney at Law

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : VR0EWEEJ649

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Peter Maxwell Thompson**

Mailing Address 1401 W Pines Dr

City State Zip Code  
 Charlottesville VA 22901-9417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Senior Center Executive Director School of Architecture

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	30	2015

Transaction ID : VR0EWEJ5X3

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David B. Cole**

Mailing Address 818 Fox Hollow Rd

City State Zip Code  
 Afton VA 22920-2782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 ColeSoft Marketing Inc Owner/Founder

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	07	2015

Transaction ID : VR0EWEN34T3

Amount of Each Receipt this Period

300.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jennifer Soley Gaden**

Mailing Address 3400 Rodman Dr

City State Zip Code  
 Charlottesville VA 22901-9450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Va Museum of Nat. Hist Educator

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	07	2015

Transaction ID : VR0EWEN3ET4

Amount of Each Receipt this Period

300.00
--------

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

850.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Louise M. Dudley**

Mailing Address 250 Pantops Mountain Rd  
 # C293

City	State	Zip Code
Charlottesville	VA	22911-8686

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
not employed

Occupation  
not employed

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : VR0EWEN3F77

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Peter Mackey**

Mailing Address 3335 Marsden Pt

City	State	Zip Code
Keswick	VA	22947-9133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CFA

Occupation  
Executive

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : VR0EWEGNR44

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**David Alan Martin**

Mailing Address 3345 Rosedell Ln

City	State	Zip Code
Charlottesville	VA	22903-9358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Virginia School of Law

Occupation  
law professor

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : VR0EWEN3F19

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Karen M. Moran**

Mailing Address 390 Broad Axe Rd

City State Zip Code  
Charlottesville VA 22903-7400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Attorney

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
1500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	08	2015

Transaction ID : VR0EWEGNPS6

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David Sutton**

Mailing Address PO Box 1607

City State Zip Code  
Charlottesville VA 22902-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tiger Fuel Co President

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	08	2015

Transaction ID : VR0EWEJFQM5

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Richard J. Brewer MD**

Mailing Address 2400 Milton Rd

City State Zip Code  
Charlottesville VA 22902-7309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Surgeon

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	10	2015

Transaction ID : VR0EWEJMF57

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00
---------



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 59  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Gail Bruce McIntosh</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 9 Gildersleeve Wood		Transaction ID : VR0EWEJMD89
City Charlottesville	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Illustrator	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Kay Leigh Ferguson</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 1050 Broomley Rd		Transaction ID : VR0EWEJMD66
City Charlottesville	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer n/a	Occupation Homemaker	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Virginia DeSimone</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 1335 Wimbledon Way		Transaction ID : VR0EWEJMDK4
City Charlottesville	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Virginia U Daugherty**

Mailing Address **PO Box 2255**

City **Charlottesville** State **VA** Zip Code **22902-2255**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
self Occupation  
writer

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) **Convention**

Election Cycle-to-Date  
**1000.00**

Date of Receipt

**12** / **15** / **2015**

Transaction ID : **VR0EWEJMDV7**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Richard B Hewitt**

Mailing Address **2551 Ivy Rd**

City **Charlottesville** State **VA** Zip Code **22903-4614**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self Employed Occupation  
Real Estate Acquisitions

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) **Convention**

Election Cycle-to-Date  
**2000.00**

Date of Receipt

**12** / **15** / **2015**

Transaction ID : **VR0EWEJME06**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Gail Bruce McIntosh**

Mailing Address **9 Gildersleeve Wood**

City **Charlottesville** State **VA** Zip Code **22903-3207**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self Occupation  
Illustrator

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) **Convention**

Election Cycle-to-Date  
**400.00**

Date of Receipt

**12** / **15** / **2015**

Transaction ID : **VR0EWEJMFN5**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3100.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**A. Full Name (Last, First, Middle Initial)  
**Matthew Brundred Murray ESQ.**

Mailing Address 1852 Wayside Pl

City	State	Zip Code
Charlottesville	VA	22903-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Attorney

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : VR0EWEJMDY1

Amount of Each Receipt this Period

250.00

☐ Memo ItemB. Full Name (Last, First, Middle Initial)  
**Richard J Brewer**

Mailing Address 1241 Loring Run

City	State	Zip Code
Charlottesville	VA	22901-0670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Assisted LivingOccupation  
President & CEO

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : VR0EWEJMDW5

Amount of Each Receipt this Period

2700.00

☐ Memo ItemC. Full Name (Last, First, Middle Initial)  
**Rebecca C. Quinn**Mailing Address 104 4th St NE  
Apt 2

City	State	Zip Code
Charlottesville	VA	22902-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RCQuinn Consulting, Inc.Occupation  
Consultant

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : VR0EWEN3FK2

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Ann C Eddins**

Mailing Address 2051 Polo Grounds Rd

City

Charlottesville

State

VA

Zip Code

22911-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
not employed

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2015

Transaction ID : VR0EWEN79D4

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Willa Neale**

Mailing Address 1426 Foxbrook Ln

City

Charlottesville

State

VA

Zip Code

22901-3120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UVA Health SystemOccupation  
IT Analyst

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2015

Transaction ID : VR0EWEN5RG4

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**James DeSimone**

Mailing Address 312 S Pressview Ave

City

Longwood

State

FL

Zip Code

32750-6249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Knob HillOccupation  
Consultant

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2015

Transaction ID : VR0EWEN7DR8

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**James DeSimone**

Mailing Address 312 S Pressview Ave

City	State	Zip Code
Longwood	FL	32750-6249

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Knob Hill	Consultant

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2015

Transaction ID : VR0EWEN7DS6

Amount of Each Receipt this Period

2300.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Richard Fontaine**

Mailing Address 3578 Glasgow Ln

City	State	Zip Code
Keswick	VA	22947-2748

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Not employed	Not employed

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2015

Transaction ID : VR0EWEN5R40

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Russell M Linden**

Mailing Address 336 Parkway St

City	State	Zip Code
Charlottesville	VA	22902-4631

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Consultant

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2015

Transaction ID : VR0EWEN7DC5

Amount of Each Receipt this Period

1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Russell M Linden**

Mailing Address 336 Parkway St

City State Zip Code  
Charlottesville VA 22902-4631

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2015

Transaction ID : VR0EWEN7DF9

Amount of Each Receipt this Period

300.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**James Hingeley Jr.**

Mailing Address 719 Graves St  
Apt A

City State Zip Code  
Charlottesville VA 22902-5721

FEC ID number of contributing federal political committee. **C**

Name of Employer Commonwealth of Virginia Occupation Attorney

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2015

Transaction ID : VR0EWEN7CY5

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Judith Trumbly Rasmussen**

Mailing Address PO Box 229

City State Zip Code  
Ivy VA 22945-0229

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Cattle Rustler

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : VR0EWERT2G8

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1050.00

60675.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**PRAIRIE POLITICAL ACTION COMMITTEE****A.**

Mailing Address PO Box 2002

City

Springfield

State

IL

Zip Code

62705-2002

FEC ID number of contributing  
federal political committee.**C** C00347195

Name of Employer

Occupation

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2015

Transaction ID : VR0EWED8H00

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Stamos for Commonwealth's Attorney****B.**

Mailing Address 3607 N Nelson St

City

Arlington

State

VA

Zip Code

22207-5319

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2015

Transaction ID : VR0EWED8HF8

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**de la Pava for Treasurer****C.**

Mailing Address 3607 N Nelson St

City

Arlington

State

VA

Zip Code

22207-5319

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

321.73

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

Transaction ID : VR0EWEJMG7

Amount of Each Receipt this Period

321.73

☐ Memo Item

\* In-Kind: Actual Cost - Food Served

**SUBTOTAL** of Receipts This Page (optional).....

1571.73

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 59

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	------------------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Vandever For Treasurer**

Mailing Address PO Box 1201

City

Charlottesville

State

VA

Zip Code

22902-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2015

Transaction ID : VR0EWEN7B38

Amount of Each Receipt this Period

100.00

☐ Memo Item

A.

Full Name (Last, First, Middle Initial)

**Randolph for Scottsville District**

Mailing Address PO Box 476

City

Charlottesville

State

VA

Zip Code

22902-0476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2015

Transaction ID : VR0EWEN7CP1

Amount of Each Receipt this Period

750.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

**Rooker for Supervisor**Mailing Address 1421 Sachem Pl  
Unit 3

City

Charlottesville

State

VA

Zip Code

22901-2558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2015

Transaction ID : VR0EWEN7D26

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1850.00

3421.73



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. NAACP**

Mailing Address P.O. Box 3392

City	State	Zip Code
Charlottesville	VA	22903

Purpose of Disbursement  
NAACP Membership

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

Amount of Each Disbursement this Period

60.00
-------

☐ Memo Item

Transaction ID : VQZFMA6T4G6

**B. Erin Monaghan**

Mailing Address 213 Huntley Ave

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Political consulting

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2015

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Transaction ID : VQZFMA668D4

**c. Erin Monaghan**

Mailing Address 213 Huntley Ave

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Marketing

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2015

Amount of Each Disbursement this Period

175.24
--------

☐ Memo Item

Transaction ID : VQZFMA66HW2

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1235.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Joel Schechtman**

Mailing Address 102 Overlook Dr

City	State	Zip Code
Charlottesville	VA	22903-9604

Purpose of Disbursement  
logistic consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2015

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : VQZFMA66827

**B. Joel Schechtman**

Mailing Address 102 Overlook Dr

City	State	Zip Code
Charlottesville	VA	22903-9604

Purpose of Disbursement  
Campaign Expenses - see memo

007

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2015

Amount of Each Disbursement this Period

244.60

☐ Memo Item

Transaction ID : VQZFMA66HY7

**C. NAACP**

Mailing Address P.O. Box 3392

City	State	Zip Code
Charlottesville	VA	22903

Purpose of Disbursement  
Event Tickets

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

165.00

☒ Memo Item

Transaction ID : VQZFMA73Z16

\*

**SUBTOTAL** of Disbursements This Page (optional).....

1244.60

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**A. Joel Schechtman**

Mailing Address 102 Overlook Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

City	State	Zip Code
Charlottesville	VA	22903-9604

Amount of Each Disbursement this Period

79.60
-------

Purpose of Disbursement  
Mileage for DistrictCategory/  
Type

Candidate Name

☒ Memo Item

Transaction ID : VQZFMA73Z24

\*

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 15019

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

City	State	Zip Code
Wilmington	DE	19886-5019

Amount of Each Disbursement this Period

1040.02
---------

Purpose of Disbursement  
Credit card reimbursement - see memoCategory/  
Type

Candidate Name

☒ Memo Item

Transaction ID : VQZFMA68F59

\*

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. Albemarle Limousine**

Mailing Address 175 S Pantops Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

City	State	Zip Code
Charlottesville	VA	22911-8610

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
TransportationCategory/  
Type

Candidate Name

☒ Memo Item

Transaction ID : VQZFMA68F83

\* Launch buses - 320

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Costco**

Mailing Address 3171 District Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

City	State	Zip Code
Charlottesville	VA	22901-2784

Amount of Each Disbursement this Period

298.39
--------

Purpose of Disbursement  
Event suppliesCategory/  
Type☒ Memo Item

Transaction ID : VQZFMA68FA9

\*

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. Institute for Advanced Learning and Research**

Mailing Address General Delivery

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

City	State	Zip Code
Danville	VA	24541-9999

Amount of Each Disbursement this Period

410.00
--------

Purpose of Disbursement  
Room rentalCategory/  
Type☒ Memo Item

Transaction ID : VQZFMA68F67

\*

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. Frank J Squillace**

Mailing Address PO Box 277

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2015

City	State	Zip Code
Charlottesville	VA	22902-0277

Amount of Each Disbursement this Period

446.89
--------

Purpose of Disbursement  
Campaign Reimbursement - see memo001  
Category/  
Type☐ Memo Item

Transaction ID : VQZFMA66J11

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Other (specify) Convention

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

446.89

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Democratic Party of Virginia**

Mailing Address 1710 E Franklin St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2015

City	State	Zip Code
Richmond	VA	23223-7025

Amount of Each Disbursement this Period

6764.60
---------

Purpose of Disbursement  
VAN account

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VQZFMA681N5

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. Nancy Carver**Mailing Address 2304 Dellmead Ln  
Apt A

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

City	State	Zip Code
Charlottesville	VA	22901-2602

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
Administrative support

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VQZFMA668E2

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. Erin Monaghan**

Mailing Address 213 Huntley Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

City	State	Zip Code
Charlottesville	VA	22903-2989

Amount of Each Disbursement this Period

176.31
--------

Purpose of Disbursement  
Expenses - see memo

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VQZFMA66HX9

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7540.91

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**A. Joel Schechtman**

Mailing Address 102 Overlook Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

City	State	Zip Code
Charlottesville	VA	22903-9604

Purpose of Disbursement  
Fundraising Consulting

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input checked="" type="checkbox"/> Other (specify) Convention

State: District:

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Transaction ID : VQZFMA66835

Full Name (Last, First, Middle Initial)

**B. Melody Robbins Photography**

Mailing Address PO Box 822

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2015

City	State	Zip Code
Earlsville	VA	22936-0822

Purpose of Disbursement  
Photography

004

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

425.00
--------

☐ Memo Item

Transaction ID : VQZFMA670X0

Full Name (Last, First, Middle Initial)

**c. Zyanya Ota**

Mailing Address 92 Woodlake Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2015

City	State	Zip Code
Charlottesville	VA	22901-1321

Purpose of Disbursement  
Political consulting

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

200.00
--------

☐ Memo Item

Transaction ID : VQZFMA682C6

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1625.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Jonathan Rice**

Mailing Address 1144 Meriwether St

City	State	Zip Code
Charlottesville	VA	22902-5346

Purpose of Disbursement  
Website design

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2015

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Transaction ID : VQZFMA668M9

**B. Jonathan Rice**

Mailing Address 1144 Meriwether St

City	State	Zip Code
Charlottesville	VA	22902-5346

Purpose of Disbursement  
Web hosting

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2015

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : VQZFMA670W3

**c. Bank of America**

Mailing Address PO Box 15019

City	State	Zip Code
Wilmington	DE	19886-5019

Purpose of Disbursement  
Credit card reimbursement - see memo

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		25		2015

Amount of Each Disbursement this Period

9482.84

☐ Memo Item

Transaction ID : VQZFMA68FH4

**SUBTOTAL** of Disbursements This Page (optional).....

10732.84

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**A. NGP Van Inc**

Mailing Address 1101 15th St NW

City	State	Zip Code
Washington	DC	20005-5002

Purpose of Disbursement  
Software

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2015

Amount of Each Disbursement this Period

2700.00
---------

☒ Memo Item

Transaction ID : VQZFMA68G03

\*

**B. Mailing Services of Virginia**

Mailing Address 1180 Seminole Trl

City	State	Zip Code
Charlottesville	VA	22901-5713

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		25		2015

Amount of Each Disbursement this Period

1290.24
---------

☒ Memo Item

Transaction ID : VQZFMA68FK0

\*

**C. Albemarle Limousine**

Mailing Address 175 S Pantops Dr

City	State	Zip Code
Charlottesville	VA	22911-8610

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

Amount of Each Disbursement this Period

489.00
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☒ Memo Item

Transaction ID : VQZFMA68FQ2

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**A. Blue Ridge Graphics**

Mailing Address 550 Meade Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

City	State	Zip Code
Charlottesville	VA	22902-5461

Purpose of Disbursement  
Campaign shirts

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

686.50
--------

☒ Memo Item

Transaction ID : VQZFMA68FP4

\*

**B. Commonwealth Reserve**

Mailing Address 427 E Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

City	State	Zip Code
Charlottesville	VA	22902-5235

Purpose of Disbursement  
Volunteer appreciation

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

3228.26
---------

☒ Memo Item

Transaction ID : VQZFMA68FS7

\*

**c. Hampton Inn - Danville**

Mailing Address 2130 Riverside Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

City	State	Zip Code
Danville	VA	24540-4215

Purpose of Disbursement  
Hotel

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

126.54
--------

☒ Memo Item

Transaction ID : VQZFMA68FT5

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**A. Hampton Inn - Danville**

Mailing Address 2130 Riverside Dr

City	State	Zip Code
Danville	VA	24540-4215

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 26 / 2015

Amount of Each Disbursement this Period

126.54
--------

☒ Memo Item

Transaction ID : VQZFMA68FV3

\*

Full Name (Last, First, Middle Initial)

**B. Institute for Advanced Learning and Research**

Mailing Address General Delivery

City	State	Zip Code
Danville	VA	24541-9999

Purpose of Disbursement  
Event space

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 26 / 2015

Amount of Each Disbursement this Period

179.55
--------

☒ Memo Item

Transaction ID : VQZFMA68FM8

\*

Full Name (Last, First, Middle Initial)

**c. The AV Company**

Mailing Address 1205 Five Springs Rd

City	State	Zip Code
Charlottesville	VA	22902-8714

Purpose of Disbursement  
Logistics consulting

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 26 / 2015

Amount of Each Disbursement this Period

290.00
--------

☒ Memo Item

Transaction ID : VQZFMA68FN6

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Printsource**

Mailing Address 3315 Berkmar Dr

City	State	Zip Code
Charlottesville	VA	22901-1794

Purpose of Disbursement  
Print material

004

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 25 / 2015

Amount of Each Disbursement this Period

911.43

☐ Memo Item

Transaction ID : VQZFMA68202

**B. Printsource**

Mailing Address 3315 Berkmar Dr

City	State	Zip Code
Charlottesville	VA	22901-1794

Purpose of Disbursement  
Print material

004

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 25 / 2015

Amount of Each Disbursement this Period

760.63

☐ Memo Item

Transaction ID : VQZFMA68219

**C. Joel Schechtman**

Mailing Address 102 Overlook Dr

City	State	Zip Code
Charlottesville	VA	22903-9604

Purpose of Disbursement  
Political consulting

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

Date of Disbursement

M M / D D / Y Y Y Y
10 / 29 / 2015

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : VQZFMA66HZ5

**SUBTOTAL** of Disbursements This Page (optional).....

2172.06

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Joel Schechtman**

Mailing Address 102 Overlook Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2015

City	State	Zip Code
Charlottesville	VA	22903-9604

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
logistic consulting

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VQZFMA66J03

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

Full Name (Last, First, Middle Initial)

**B. Lifeview Marketing**Mailing Address 401 E Market St  
# 14

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

City	State	Zip Code
Charlottesville	VA	22902-5264

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
Video production

004

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VQZFMA68227

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. ActBlue**Mailing Address 14 Arrow St  
Ste 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2015

City	State	Zip Code
Cambridge	MA	02138-5106

Amount of Each Disbursement this Period

451.31
--------

Purpose of Disbursement  
On line contribution fees

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VQZFMA635T4

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1551.31

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Frank J Squillace**

Mailing Address PO Box 277

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

City	State	Zip Code
Charlottesville	VA	22902-0277

Amount of Each Disbursement this Period

1001.00
---------

Purpose of Disbursement  
Mileage reimbursement

001

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : VQZFMA66J29

Full Name (Last, First, Middle Initial)

**B. Nancy Carver**Mailing Address 2304 Dellmead Ln  
Apt A

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

City	State	Zip Code
Charlottesville	VA	22901-2602

Amount of Each Disbursement this Period

32.76
-------

Purpose of Disbursement  
Membership and logistics expenses

007

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : VQZFMA68235

Full Name (Last, First, Middle Initial)

**C. Joel Schechtman**

Mailing Address 102 Overlook Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

City	State	Zip Code
Charlottesville	VA	22903-9604

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Political consulting

001

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

Transaction ID : VQZFMA66843

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2033.76

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Joel Schechtman**

Mailing Address 102 Overlook Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

City	State	Zip Code
Charlottesville	VA	22903-9604

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Political consulting

001

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input checked="" type="checkbox"/> Other (specify) Convention

Transaction ID : VQZFMA66851

State: District:

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 15019

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		15		2015

City	State	Zip Code
Wilmington	DE	19886-5019

Amount of Each Disbursement this Period

470.14
--------

Purpose of Disbursement  
Credit card reimbursement - see memo

002

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Transaction ID : VQZFMA687H6

State: District:

Full Name (Last, First, Middle Initial)

**c. Hampton Inn - Danville**

Mailing Address 2130 Riverside Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

City	State	Zip Code
Danville	VA	24540-4215

Amount of Each Disbursement this Period

128.87
--------

Purpose of Disbursement  
HotelCategory/  
Type☒ Memo Item

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Transaction ID : VQZFMA68DK6

\*

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1470.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Hampton Inn - Danville**

Mailing Address 2130 Riverside Dr

City	State	Zip Code
Danville	VA	24540-4215

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 26 / 2015

Amount of Each Disbursement this Period

128.87
--------

☒ Memo Item

Transaction ID : VQZFMA68DM4

\*

**B. Hampton Inn - South Hill**

Mailing Address 200 Thompson Road

City	State	Zip Code
South Hill	VA	23970

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 26 / 2015

Amount of Each Disbursement this Period

98.72
-------

☒ Memo Item

Transaction ID : VQZFMA68DJ9

\*

**c. Hampton Inn - South Hill**

Mailing Address 200 Thompson Road

City	State	Zip Code
South Hill	VA	23970

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 30 / 2015

Amount of Each Disbursement this Period

113.68
--------

☒ Memo Item

Transaction ID : VQZFMA68DH1

\*

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Nancy Carver**Mailing Address 2304 Dellmead Ln  
Apt A

City Charlottesville State VA Zip Code 22901-2602

Purpose of Disbursement  
Administrative support

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

400.00
--------

☐ Memo Item

Transaction ID : VQZFMA668G8

**B. de la Pava for Treasurer**

Mailing Address 3607 N Nelson St

City Arlington State VA Zip Code 22207-5319

Purpose of Disbursement  
Actual Cost - Food ServedCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2015

Amount of Each Disbursement this Period

321.73
--------

☐ Memo Item

Transaction ID : VR0EWEJMG71

\* In-Kind Received

**C. Frank J Squillace**

Mailing Address PO Box 277

City Charlottesville State VA Zip Code 22902-0277

Purpose of Disbursement  
Book for Campaign

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2015

Amount of Each Disbursement this Period

26.62
-------

☐ Memo Item

Transaction ID : VQZFMA6SW53

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

748.35



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Nancy Carver**Mailing Address 2304 Dellmead Ln  
Apt A

City Charlottesville State VA Zip Code 22901-2602

Purpose of Disbursement  
Office supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

137.78

☐ Memo Item

Transaction ID : VQZFMA68243

**B. ActBlue**Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement  
On line contribution fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

574.48

☐ Memo Item

Transaction ID : VQZFMA635V2

**c. Paychex**

Mailing Address 3960 Stillman Pkwy

City Glen Allen State VA Zip Code 23060-4197

Purpose of Disbursement  
Payroll fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

25.50

☐ Memo Item

Transaction ID : VQZFMA688H9

**SUBTOTAL** of Disbursements This Page (optional).....

737.76

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. K Holdings LLC**

Mailing Address PO Box 359

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2015

City	State	Zip Code
Keene	VA	22946-0359

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Office rent and security deposit

001

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : VQZFMA68251

Full Name (Last, First, Middle Initial)

**B. K Holdings LLC**

Mailing Address PO Box 359

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2015

City	State	Zip Code
Keene	VA	22946-0359

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Office rent

001

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : VQZFMA68269

Full Name (Last, First, Middle Initial)

**C. Joel Schechtman**

Mailing Address 102 Overlook Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2015

City	State	Zip Code
Charlottesville	VA	22903-9604

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Political consulting

001

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

Transaction ID : VQZFMA66869

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**A. Joel Schechtman**

Mailing Address 102 Overlook Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2015

City	State	Zip Code
Charlottesville	VA	22903-9604

Purpose of Disbursement  
Political consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Transaction ID : VQZFMA66876

**B. Joel Schechtman**

Full Name (Last, First, Middle Initial)

Mailing Address 102 Overlook Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

City	State	Zip Code
Charlottesville	VA	22903-9604

Purpose of Disbursement  
Fundraising Consulting

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Transaction ID : VQZFMA66884

**C. Joel Schechtman**

Full Name (Last, First, Middle Initial)

Mailing Address 102 Overlook Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

City	State	Zip Code
Charlottesville	VA	22903-9604

Purpose of Disbursement  
Logistics Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Transaction ID : VQZFMA66892

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00
---------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**A. Nancy Carver**Mailing Address 2304 Dellmead Ln  
Apt A

City Charlottesville State VA Zip Code 22901-2602

Purpose of Disbursement  
Administrative support

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

625.00

☐ Memo Item

Transaction ID : VQZFMA668H5

**B. Garris and Company, PC**

Mailing Address 1140 E Market St

City Charlottesville State VA Zip Code 22902-5351

Purpose of Disbursement  
Accounting fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

257.50

☐ Memo Item

Transaction ID : VQZFMA68293

**c. Bank of America**

Mailing Address PO Box 15019

City Wilmington State DE Zip Code 19886-5019

Purpose of Disbursement  
Credit Card Reimbursement See Memo

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

168.47

☐ Memo Item

Transaction ID : VQZFMA68D64

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1050.97

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Jeremy Glode**

Mailing Address 1414 Monticello Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

City	State	Zip Code
Charlottesville	VA	22902-6224

Purpose of Disbursement  
Research Consulting

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

975.00

☐ Memo Item

Transaction ID : VQZFMA68CY1

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3960 Stillman Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

City	State	Zip Code
Glen Allen	VA	23060-4197

Purpose of Disbursement  
Payroll fee

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

Amount of Each Disbursement this Period

25.50

☐ Memo Item

Transaction ID : VQZFMA688J7

Full Name (Last, First, Middle Initial)

**C. Nancy Carver**Mailing Address 2304 Dellmead Ln  
Apt A

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

City	State	Zip Code
Charlottesville	VA	22901-2602

Purpose of Disbursement  
Administrative support

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

Amount of Each Disbursement this Period

525.00

☐ Memo Item

Transaction ID : VQZFMA68D56

**SUBTOTAL** of Disbursements This Page (optional).....

1525.50

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Joshua Norris**

Mailing Address 231 Ponderosa Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

City	State	Zip Code
Ringgold	VA	24586-4327

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Political consulting

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VQZFMA68D80

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. Nancy Carver**Mailing Address 2304 Dellmead Ln  
Apt A

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

City	State	Zip Code
Charlottesville	VA	22901-2602

Amount of Each Disbursement this Period

70.00
-------

Purpose of Disbursement  
Administrative support

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VQZFMA68761

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

Full Name (Last, First, Middle Initial)

**C. Jeremy Glode**

Mailing Address 1414 Monticello Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

City	State	Zip Code
Charlottesville	VA	22902-6224

Amount of Each Disbursement this Period

34.29
-------

Purpose of Disbursement  
Travel Reimbursement - mileage

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VQZFMA6JYP5

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

604.29

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. ActBlue**Mailing Address 14 Arrow St  
Ste 11City State Zip Code  
Cambridge MA 02138-5106Purpose of Disbursement  
On line contribution fees

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

172.82
--------

☐ Memo Item

Transaction ID : VQZFMA635W0

**B. Paychex**

Mailing Address 3960 Stillman Pkwy

City State Zip Code  
Glen Allen VA 23060-4197Purpose of Disbursement  
Payroll - see memo

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

4500.00
---------

☐ Memo Item

Transaction ID : VQZFMA688M2

**c. Genevieve Cox**Mailing Address 120 Hessian Hills Rdg  
Apt 4City State Zip Code  
Charlottesville VA 22901-2538Purpose of Disbursement  
December payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

4500.00
---------

☒ Memo Item

Transaction ID : VQZFMA688N0

\*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4672.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3960 Stillman Pkwy

City	State	Zip Code
Glen Allen	VA	23060-4197

Purpose of Disbursement  
Payroll fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

25.50
-------

☐ Memo Item

Transaction ID : VQZFMA688P8

**B. Paychex**

Mailing Address 3960 Stillman Pkwy

City	State	Zip Code
Glen Allen	VA	23060-4197

Purpose of Disbursement  
Payroll taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

371.25
--------

☐ Memo Item

Transaction ID : VQZFMA688R4

**c. Joel Schechtman**

Mailing Address 102 Overlook Dr

City	State	Zip Code
Charlottesville	VA	22903-9604

Purpose of Disbursement  
logistic consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Transaction ID : VQZFMA70VF3

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1396.75



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Joel Schechtman**

Mailing Address 102 Overlook Dr

City	State	Zip Code
Charlottesville	VA	22903-9604

Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : VQZFMA70VH9

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

46539.19

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 59

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. de la Pava for Treasurer**

Mailing Address 3607 N Nelson St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

City	State	Zip Code
Arlington	VA	22207-5319

Amount of Each Disbursement this Period

321.73
--------

Purpose of Disbursement  
Events food and drinks

007

☐ Memo Item

Candidate Name

Mrs. Carla de la Pava

Category/  
Type

Transaction ID : VQZFMA68285

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: VA District: 00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

321.73

321.73

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 59 OF 59

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Jane Dittmar**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jane D Dittmar**Nature of Debt (Purpose):  
Personal loan to campaign

Mailing Address PO Box 277

City State

Zip Code

Charlottesville

VA

22902-0277

Outstanding Balance Beginning This Period

9901.37

Transaction ID : VQXH49H9840

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9901.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

9901.37

2) **TOTALS** This Period (last page this line number only) ..... ▶

9901.37

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

9901.37